CT TEACHERS' RETIREMENT BOARD
765 ASYLUM AVENUE 2ND FLOOR HARTFORD, CT 06105-2822
Toll Free 1-800-504-1102 X8411 or X8432 (860) 241-8411 or (860) 241-8432 Fax (860) 622-2849
"An Affirmative Action/Equal Opportunity Employer"
www.ct.gov/trb

Member
Health Insurance Application Effective January 1, 2019

- A photocopy of your Medicare Card, or a letter from Social Security providing your Medicare membership number and effective date of your coverage under Medicare Part A and Medicare Part B, must be submitted with this application.
- We must receive your application by the 25th of the 2nd month preceding the effective date of coverage. (e.g., by February 25th for coverage to be effective April 1st)
- You may cancel all coverage at any time; reenrollment will be subject to all plan coverage, including dental, vision and hearing.
- The annual prescription deductible is on a calendar year basis, from January to December. Members enrolling during the year are subject to the full deductible for the year in which they enroll; a new deductible would begin the following January.
- Premiums are deducted monthly from your retirement benefit.

I elect to have the following coverage become effective _____ /01/ _____

	Cost per person per month	Check One
Anthem Medicare Advantage (PPO) Plan with Prescriptions and Dental, Vision & Hearing	$130.00	☐
Stirling Benefits Medicare Supplement with Prescriptions and Dental, Vision & Hearing	$238.00	☐

Enrollee's Last Name, First Name, Initial	Home Phone	Gender: Male ☐ Female ☐
Street Address	City	State / Zip Code
Social Security Number	Date of Birth	Email Address
Enrollee's Signature	Date	

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Spouse, Surviving Spouse or Disabled Dependent Health Insurance Application Effective January 1, 2019

- A photocopy of your Medicare Card, or a letter from Social Security providing your Medicare membership number and effective date of your coverage under Medicare Part A and Medicare Part B, must be submitted with this application.
- A photocopy of a marriage license or a marriage certificate.
- A spouse becomes ineligible upon legal separation or divorce.
- A surviving spouse becomes ineligible upon remarriage.
- If the application includes coverage for a disabled dependent, a copy of the member's most recent federal income tax return documenting the disabled dependent's status as the member's dependent is required.
- We must receive your application by the 25th of the 2nd month preceding the effective date of coverage. (e.g., by February 25th for coverage to be effective April 1st)
- You may cancel all coverage at any time; reenrollment will be subject to all plan coverage, including dental, and hearing.
- The annual prescription deductible is on a calendar year basis, from January to December. Members enrolling during the year are subject to the full deductible for the year in which they enroll; a new deductible would begin the following January.

I elect to have the following coverage become effective _____ /01/ _____

	Cost per person per month	Check One
Anthem Medicare Advantage Plan with Prescriptions and Dental, Vision & Hearing	$130.00	☐
Stirling Benefits Medicare Supplement with Prescriptions and Dental, Vision & Hearing	$238.00	☐

Enrollee's Last Name, First Name, Initial	Home Phone	Gender: Male ☐ Female ☐
Street Address / City / State / Zip Code		
Social Security Number	Date of Birth	Email Address
Enrollee's Signature	Date	

If you are enrolling as the spouse or the disabled dependent of a retired teacher, please have the retiree sign below:

Retired Teacher's Name	Retired Teacher's Social Security #	Retired Teacher's Signature